

Guide to Helping Individuals Get a Missouri Photo ID



Robin Carnahan – Secretary of State



What you can do to help

Thank you for volunteering. Your time will help ensure all Missourians will have an opportunity to vote. In this guide you will find the necessary tools to assist people in getting a valid photo ID.

One: Make sure people are registered to vote.

Two: Tell others that they will need to present an accepted form of a valid ID when they vote in November.

Three: If they do not have acceptable identification, help them know which required documents are needed to obtain an ID, and facilitate their visit to the Department of Revenue where they may obtain one.

Four: Identify family members and friends who do not have a photo ID and assist them with the process.

Types of documentation that may be required includes a Birth Certificate, Social Security Card, and proof of residency such as a bank statement, paycheck stub or recent utility bill. In the Appendix of this packet, you will find many of the forms you will need to apply for these kinds of documents, as well as a list of additional resources they may contact.

Photo Identification Overview



What is the new law?

Governor Matt Blunt recently signed a bill into law that will require Missouri voters to present a state or federal government-issued photo ID to vote. Because of this new requirement, when you go to vote this November, you may be told that the forms of ID you presented at the polls in the past are no longer accepted.

Valid IDs

- Valid Missouri Driver's License
- Valid Missouri Non-Driver's License
- U.S. Passport
- Military ID (issued by U.S. Armed Forces, Missouri National Guard, Veteran's Administration)



Non-Driver's Licenses are Available Free of Charge to Voters Who Need Them

Individuals who need photo IDs to vote can obtain them free of charge from your local Department of Revenue office if they have no other valid form of government-issued photo ID. They will need to bring three types of documentation to receive the ID:

Proof of Who They Are (need to show ONE)*:

- Social Security Card
- Medicare Card
- U.S. Passport

Proof that They Are a Citizen (need to show ONE):

- Birth Certificate
- U.S. Passport, valid or expired
- Certificate of Citizenship
- Certificate of Naturalization
- Certificate of Birth Abroad

Proof of Where They Live (need to show ONE):

- Recent Utility Bill
- Voter Registration Card
- Property Tax Receipt
- Recent Paycheck, Government Check or Letter from the Post Office or Other Government Agency in Last 30 Days

* *If the name on their Social Security Card, Medicare Card or U.S. Passport does not match their current name, they may need to present proof of name change, such as a marriage license, divorce decree, adoption papers or a certified court order.*

Where to go to Obtain Required Documents



If an individual does not have the documents he or she needs to obtain a photo ID, refer them to the following:

Birth Certificate:

Missouri Department of Health and Senior Services

Phone: 573-751-6400

Web: www.dhss.mo.gov. Local health department contact information can be found at: <http://www.dhss.mo.gov/LPHA/LPHAs.html>

(People born outside of Missouri should go to <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm> for state by state contact information.)

Social Security Card:

Complete an Application for a Social Security Card (Form SS-5)

Show original documents or certified copies of:

- U.S. Citizenship
- Age
- Identity

Then mail or take your completed application and documents to your local Social Security Office.

Proof of Name Change:

To obtain a marriage license, contact the recorder of deeds in the county where the marriage license was purchased or call the Department of Health and Senior Services at 573-751-6387. To obtain a divorce decree, contact the clerk of the Circuit Court that granted the divorce. For Missouri courts, visit http://sos.mo.gov/MOroster/county_officials.pdf.



Where to Get a Valid Photo ID

The Department of Revenue will issue non-driver's licenses to those who need them for voting purposes, free of cost. These free non-driver's licenses will be available at all DOR license offices and through DOR Mobile Licensing Units that will schedule visits to nursing homes and other senior facilities.

To locate the nearest Department of Motor Vehicles Office:

Call toll-free 866-443-4165 or go to
<http://www.dor.mo.gov/mvdl/offloc>

To find out if a Mobile Licensing Unit will be in your area:

Call toll-free 866-443-4165 or go to
<http://www.dor.mo.gov/mvdl/drivers/voterid.pdf>

If you have a number of individuals who are elderly or disabled, encourage them to contact the DOR about scheduling a visit.

To help non-driving individuals get valid photo IDs:

Schedule a day to take individuals to the local DOR license office to get their photo IDs. Prior to this trip, make sure each person has gathered all the appropriate documentation so that they will not have to make more than one trip.

What if an Individual Cannot Get a Photo ID in Time for the November Election?



If a person cannot obtain a valid photo ID in time for the November General Election, he or she will have to cast a provisional ballot. Provisional ballots are placed in envelopes, signed by the voter and put in a separate container from the regular ballots. The ballot is not counted until the election authority can verify the identity of the voter.

Make Sure Every Vote is Counted!

You can help make sure the votes of people in your community count by making them aware of the new law and helping them comply with it.

For questions or to order materials you can distribute, call 877-VOTER ID (877-868-3743).

Appendix



For local license office locations go to:

<http://www.dor.mo.gov/mvdl/offloc/>

Missouri Voter Registration Application I

Social Security Card Application. II

Birth Certificate Applications

Missouri III

Illinois IV

Kansas V

Iowa VI

Arkansas VII

Mississippi VIII

People born outside of Missouri should go to

<http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>

for contact information listed by state.

Permanent Disabled Absentee Voting Form IX

**MISSOURI VOTER REGISTRATION APPLICATION – TO BE FILLED OUT ON-LINE***If filled out by hand, use pen and please print clearly.***YOUR APPLICATION WILL BE CONFIRMED BY MAIL WITHIN SEVEN (7) BUSINESS DAYS OF RECEIPT BY THE ELECTION AUTHORITY. PLEASE CONTACT THE ELECTION AUTHORITY IF YOU DO NOT RECEIVE NOTIFICATION.**

1	<input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE			FOR OFFICE USE ONLY REGISTRATION NO.	
2	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (Check one) <input type="checkbox"/> JR. <input type="checkbox"/> SR. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
3	ADDRESS WHERE YOU LIVE (HOUSE NO., STREET, APT. OR RURAL RT AND BOX-NO PO BOXES)			CITY	COUNTY
4	ADDRESS WHERE YOU GET YOUR MAIL (IF DIFFERENT FROM #3 ABOVE)			CITY	STATE
5	LAST FOUR DIGITS OF SOCIAL SECURITY NO*	6	DATE OF BIRTH (REQUIRED)	PLACE OF BIRTH (OPTIONAL)	7 DAYTIME PHONE NO. (OPTIONAL)
8	NAME AND ADDRESS ON LAST VOTER REGISTRATION** NAME _____ ADDRESS _____ CITY _____ STATE _____ COUNTY _____ ** If currently registered in another state please complete this box			10 ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input type="checkbox"/> Yes <input type="checkbox"/> No WILL YOU BE 18 YEARS OF AGE ON OR BEFORE ELECTION DAY? <input type="checkbox"/> Yes <input type="checkbox"/> No I hereby certify that I am a citizen of the United States and a resident of Missouri. I am at least seventeen and one half years of age. I have not been adjudged incapacitated by any court of law. If I have been convicted of a felony or misdemeanor connected with the right of suffrage, I have had the voting disabilities from such a conviction removed pursuant to law. I swear under penalty of perjury that all statements made on this card are true to the best of my knowledge and belief.	
9	RURAL VOTERS: COMPLETE THIS SECTION IF YOU LIVE OUTSIDE THE CITY LIMITS OF ANY CITY. I live _____ miles N S E W (CIRCLE ONE) OF _____ (LANDMARK OR JUNCTION). Section, Township and range _____ My neighbors are _____			DATE _____ SIGNATURE _____	
<input type="checkbox"/> Check here if you are interested in working as an election judge.					

Warning: Conviction for making a false statement may result in imprisonment for up to five years and/or a fine up to \$10,000.

* Required for registration pursuant to §115.155 RSMo. and will be used only by authorized officials to combat voter fraud and facilitate orderly elections

See next page for voter registration and mailing instructions

MISSOURI VOTER REGISTRATION APPLICATION

(Fill out this application on-line, then print, date, sign, and mail to your election authority.)

Use this application to:

1. Register to vote in federal, state, county and municipal elections in Missouri.
2. Change the name on a current voter registration.
3. Change the address on a current voter registration.

To be eligible to register to vote you must:

1. Be a U.S. citizen.
2. Be a Missouri resident.
3. Be at least 17-½ years of age (must be 18 to vote).
4. Not be adjudged incapacitated by a court of law.
5. Not be confined under a sentence of imprisonment.
6. Not be on probation or parole after a conviction of a felony, until finally discharged.
7. Not have been convicted of a felony or misdemeanor connected with the right of suffrage.

Other information:

1. You must be 18 years of age by the day of a particular election to be eligible to vote in that election.
2. If mailed, this form must be postmarked by the 4th Wednesday preceding an election to be eligible to vote in that election. If delivered in person, it must be received in the office of the election authority by the 4th Wednesday preceding an election. If registering by mail for the first time, you must provide a copy of appropriate identification, current or valid photo ID, copy of current utility bill, bank statement, government check, paycheck or other

government document that shows your name and address.

3. Submitting this application to an individual other than the election authority does not insure timely voter registration.
4. **After the election authority receives your voter registration application, you will be sent confirmation within 7 business days. If you do not receive confirmation contact the election authority.**
5. If you wish to serve as an election judge on election day please contact your local election authority.

Absentee Voting*

Registered voters who are unable to go to the polls on election day may vote via absentee ballot. This process begins six weeks before the election. Individuals wishing to vote by absentee ballot must make their application in writing, stating the reason they will be prevented from going to the polls on election day. Voters wishing to have their absentee ballot mailed to them must have their request in the office of the election authority no later than 5:00 p.m. on the Wednesday before the election. The voter may however continue to vote via absentee in person, in the office of the election authority until 5:00 p.m. the day before the election. For information about requesting an absentee ballot contact your local election authority or visit the Missouri Secretary of State website at <http://www.sos.mo.gov>

*Anyone registering by mail may vote absentee the first time only after enclosing a copy of an approved form of identification with his or her absentee ballot request.

MAILING INSTRUCTIONS

If you are a resident of one of these St. Louis area, eastern Missouri counties, or the City of St. Louis, please mail this application to the election authority for your area:

St. Louis County	The Board of Election Commissioners 12 Sunnen Dr., Ste. 126 St. Louis, MO 63143	Ph. (314) 615-1800
St. Louis City	The Board of Election Commissioners 300 N. Tucker Blvd. St. Louis, MO 63101	Ph. (314) 622-4336
St. Charles County	St. Charles County Clerk Administration Bldg. 201 N. 2nd Street St. Charles, MO 63301	Ph. (636) 949-7550
Jefferson County	Jefferson County Clerk Jefferson County Courthouse PO Box 100 Hillsboro, MO 63050	Ph. (636) 797-5486
Franklin County	Franklin County Clerk Franklin County Courthouse 300 E. Main, Rm. 201	

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME → <small>TO BE SHOWN ON CARD</small>	First	Full Middle Name	Last
	FULL NAME AT BIRTH <small>IF OTHER THAN ABOVE</small>	First	Full Middle Name	Last
	OTHER NAMES USED			
2	MAILING ADDRESS → <small>Do Not Abbreviate</small>	Street Address, Apt. No., PO Box, Rural Route No.		
		City	State	ZIP Code
3	CITIZENSHIP → <small>(Check One)</small>	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 2) <input type="checkbox"/> Other (See Instructions On Page 2)		
4	SEX →	<input type="checkbox"/> Male <input type="checkbox"/> Female		
5	RACE/ETHNIC DESCRIPTION → <small>(Check One Only - Voluntary)</small>	<input type="checkbox"/> Asian, Asian-American or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> North American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic)		
6	DATE OF BIRTH → <small>Month, Day, Year</small>	7 PLACE OF BIRTH → <small>(Do Not Abbreviate)</small> City State or Foreign Country FCI		
8	A. MOTHER'S NAME AT HER BIRTH →	First	Full Middle Name	Last Name At Her Birth
	B. MOTHER'S SOCIAL SECURITY NUMBER → <small>(See instructions for 8B on Page 2)</small>		<div style="border-bottom: 1px solid black; width: 100%;"></div>	
9	A. FATHER'S NAME →	First	Full Middle Name	Last
	B. FATHER'S SOCIAL SECURITY NUMBER → <small>(See instructions for 9B on Page 2)</small>		<div style="border-bottom: 1px solid black; width: 100%;"></div>	
10	Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes", answer questions 11-13.) <input type="checkbox"/> No (If "no," go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know," go on to question 14.)			
11	Enter the Social Security number previously assigned to the person listed in item 1. →	<div style="border-bottom: 1px solid black; width: 100%;"></div>		
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →	First	Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card. →	<div style="border-bottom: 1px solid black; width: 100%;"></div>		
14	TODAY'S DATE → <small>Month, Day, Year</small>	15 DAYTIME PHONE NUMBER → <div style="border-bottom: 1px solid black; width: 100%;"></div>		
16	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.			
17	YOUR SIGNATURE →	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)		
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)				
NPN		DOC	NTI	CAN
PBC	EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED		SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
		DATE		
		DATE		

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO APPLY FOR:

- An **original** Social Security card
- A **replacement** Social Security card
- A **change of information** on your record

IMPORTANT: You **MUST** provide the required evidence before we can process the application. Follow the instructions below to provide the information and evidence we need.

- STEP 1** Read the instructions on this application. They contain important information about documents that can be submitted as evidence, and how to complete and submit the application.
- STEP 2** Complete and sign the application using **BLUE** or **BLACK INK**. **Do not** use pencil or other colors of ink. Please write legibly. If you print this application from our website, you must print it on 8 1/2" x 11" white paper (if you live abroad and cannot obtain 8 1/2" x 11" paper, A4 size paper (8.25" x 11.7") is the only acceptable alternative).
- STEP 3** Submit the completed and signed application with all required evidence to a Social Security office.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can mail or take this application with your evidence documents to any Social Security office. However, if you live in an area serviced by a Social Security Card Center, you may need to visit the Social Security Card Center in person for all SSN related business. We will return your documents to you.

IMPORTANT: If you are age 12 or older and have never been assigned a Social Security number before, you **MUST** apply in person.

If you have any questions about this form, or about the evidence documents we need, please visit our website at www.socialsecurity.gov. Visiting our Internet site will help you make sure you have everything you need to apply for a card or change information on your record. You may also call Social Security at 1-800-772-1213 or contact your local office. You can find your nearest office or Social Security Card Center in your local phone directory or on our website.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. **DO NOT** carry the card with you. Keep it in a secure location and only take it with you when you must show the card, e.g. to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. **DO NOT** allow others to use your Social Security number as their own.

ABOUT YOUR EVIDENCE DOCUMENTS

You must provide the required documents based on your type of request. There will be situations when we must verify a document with the issuing agency. If your documents do not meet these requirements, we cannot process your application.

- We need **ORIGINAL** documents or **copies certified by the custodian of the record**. We will return your documents after we have seen them.
- We cannot accept photocopies or notarized copies of documents.
- See **EVIDENCE DOCUMENTS WE NEED TO SEE** on page 3.

ORIGINAL CARD: To apply for an **original card**, you will need to provide **at least two** documents to prove **age, identity, and U.S. citizenship or current lawful, work-authorized immigration status**. If you are not a U.S. citizen or do not have current lawful, work-authorized immigration status, you **MUST** prove that you have a valid nonwork reason for requesting a card. (See **HOW TO COMPLETE THIS APPLICATION, Page 2, Item 3.**)

REPLACEMENT CARD: To apply for a **replacement card**, you must prove your **identity** (See **IDENTITY**, Page 3). If you were born outside of the U.S., you will also need to prove your **U.S. citizenship or current lawful, work-authorized immigration status**.

CHANGE OF INFORMATION: If you need to correct information on your SSN card, or information shown in our records (e.g., a name change, or corrected date of birth), you will need to prove your **identity and provide documents that support the change and establish the reason for the change (e.g., a birth certificate to show your corrected date or place of birth)**. A name change document (e.g., marriage document) must identify you by both your old and new names. If it does not have enough identifying information (See **IDENTITY**, Page 3), we will request an identity document in your prior name and another in your new legal name in addition to the name change document. If you were born outside of the U.S., you also need to prove your **U.S. citizenship or current lawful, work-authorized immigration status**.

LIMITS ON REPLACEMENT SOCIAL SECURITY NUMBER (SSN) CARDS

Public Law 108-458 imposes **limits on the number of replacement SSN cards** you may receive at 3 per year and 10 in a lifetime. In determining these limits, SSA will not count changes in legal name (i.e., first name or surname), or changes to a restrictive legend (i.e., Valid for Work with DHS Authorization, Not Valid for Employment) shown on the SSN card. In addition, we may grant exceptions on a case-by-case basis if you provide evidence to establish a need for an SSN card **beyond these limits** (e.g., a letter from a social services agency stating you must show the SSN card in order to get benefits).

HOW TO COMPLETE THIS APPLICATION

Most items on the form are self-explanatory. Those that need explanation are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

2. Show the address where you can receive your card 10 to 14 days from now.
3. If you check "Legal Alien **Not** Allowed to Work," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet **all** of the requirements for the U.S. government benefit. NOTE: Not all U.S. State or local benefits are acceptable for non-work SSN purposes. Contact SSA to see if your reason qualifies.
If you check "Other," you must provide a document from the U.S. government agency that explains why you need a Social Security number and that you meet all of the requirements for a Federal benefit except for the number.
5. Providing race/ethnic information is voluntary. However, providing this information helps us prepare statistical reports on how Social Security programs affect people. We do not reveal the identities of individuals in these reports.
6. Show the month, day and full (4 digit) year of birth, for example, "1998" for year of birth.
- 8.B. You **must** show the mother's Social Security number only when the application is for an **original** Social Security card for a person under age 18. However, this item may be left blank if the mother was never assigned a Social Security number, or if you do not know the mother's Social Security number and are unable to obtain it. We will still be able to assign a number to the person under age 18.
- 9.B. You **must** show the father's Social Security number only when the application is for an **original** Social Security card for a person under age 18. However, this item may be left blank if the father was never assigned a Social Security number, or if you do not know the father's Social Security number and are unable to obtain it. We will still be able to assign a number to the person under age 18.
13. If the date of birth you show in item 6 is different from the date of birth you used on a prior application for a Social Security card, show the date of birth you used on the prior application and submit evidence of age to support the date of birth in item 6.
16. If you are age 18 or older, you **must sign** the application. If you are under age 18, you or a parent or legal guardian may sign. If you are physically or mentally incapable of signing the application, generally a parent, close relative, or legal guardian may sign the application. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including any additional information on the signature line as this may invalidate your application. Call us if you need clarification about who can sign. (See the "IMPORTANT" note under evidence of **IDENTITY** on page 3.)

EVIDENCE DOCUMENTS WE NEED TO SEE

The following lists are not all inclusive. However, they provide examples of the types of documents we need to see. **All documents must meet the criteria shown under "ABOUT YOUR EVIDENCE DOCUMENTS" on Page 1 in order to be considered.** If you have questions or need to discuss additional documents, see "If you have any questions" also on Page 1. Some documents we **may** accept are as follows:

AGE: In general, we must see your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. Hospital record of your birth (created at the time of your birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must indicate that the birth data was taken from the original birth certificate)

Call us for advice if you cannot obtain one of these documents.

IDENTITY: We must see evidence of identity in your legal name. Your legal name will be shown on the SSN card. Generally, we prefer to see documents issued in the U.S. Documents submitted to establish identity must show your legal name **AND** provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description--height, eye and hair color, etc.). Additionally, if you send a photo identity document but do not appear in person, the document **must** show your biographical information (e.g., your date of birth, age, or parents' names). To protect your Social Security card and number, identity documents **must** be of recent issuance.

WE **MUST** SEE YOUR:

- U.S. driver's license; **or**
- U.S. State-issued non-driver identity card; **or**
- U.S. passport

If you do not have one of these documents, or cannot get a replacement within 10 days, we may accept other documents such as a U.S. military identity card, Certificate of Naturalization, or employee identity card. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card or a school record maintained by the school.

If you are not a U.S. citizen, we **must** see your current U.S. immigration document and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD OR CARD STUB, OR A SOCIAL SECURITY RECORD as evidence of identity.

IMPORTANT: If you are **applying for a card on behalf of someone else**, you must provide evidence that establishes your authority to sign the application on behalf of the person to whom the card will be issued (e.g., a minor child's birth certificate establishes the authority of a parent to sign on behalf of the child). **In addition**, we must see different documents as proof of identity for both you and the person to whom the card will be issued.

U.S. CITIZENSHIP: In general, we can accept your U.S. birth certificate or U.S. Passport. Other documents we may accept are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

IMMIGRATION STATUS: We need to see a current document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid nonwork reason. (See HOW TO COMPLETE THIS APPLICATION, Page 2, Item 3.) Your card will be marked to show you cannot work. If you do work, we will notify DHS.

THE PAPERWORK/PRIVACY ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number and to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans' benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law, for example, to the Department of Homeland Security, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers' licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.***

MAIL OR TAKE THE COMPLETED FORM TO A LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may also locate the nearest Social Security office on the Internet at <http://www.socialsecurity.gov>.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS
APPLICATION FOR COPY OF BIRTH OR DEATH CERTIFICATION

P.O. BOX 570
JEFFERSON CITY, MISSOURI 65102-0570

Missouri law requires a fee for a search of the files. Applicant will receive one (1) certified copy if record is found. If no record is found, the fee is retained for the search. A statement will be issued if no record is found.

****Certified copies are computer generated and are valid for all legal purposes.**

FEE MUST ACCOMPANY APPLICATION

Check or money order payable to: **Missouri Department of Health and Senior Services**
Statewide recording of birth and death records began January 1, 1910

TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES

BIRTH _____ (Quantity)

A \$15.00 fee is required for each five (5) year search of the files for a birth certificate. If the record is found, one (1) certified copy will be provided. There is a \$15.00 fee for each additional copy of the same record.

NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)

ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME)

DATE OF BIRTH (MONTH) (DAY) (YEAR)

PLACE OF BIRTH (CITY) (COUNTY) (STATE)

HOSPITAL

SEX

RACE

FATHER'S NAME (FIRST) (MIDDLE) (LAST)

MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN)

DEATH _____ (Quantity)

A \$13.00 fee is required for each five (5) year search of the files for a death certificate. If the record is found, one (1) certified copy will be provided. There is a \$10.00 fee for each additional copy of the same record ordered at the same time.

NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)

PLACE OF DEATH (CITY) (COUNTY) SEX

DATE OF DEATH (MONTH) (DAY) (YEAR) RACE

DATE OF BIRTH AGE SS# (IF KNOWN)

SPOUSE'S NAME (FIRST) (MIDDLE) (LAST)

FATHER'S NAME (FIRST) (MIDDLE) (LAST)

MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN)

Please enclose a Self Addressed Stamped Envelope with your Request

YOUR SIGNATURE

DAYTIME PHONE

()

ADDRESS (STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED

YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (SELF, MOTHER, SPOUSE, ETC.) (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS)

IF LEGAL REPRESENTATIVE – INDICATE LEGAL RELATIONSHIP

WARNING: False application for a certified copy of a valid record is a crime.



Illinois Department of Public Health

APPLICATION FOR SEARCH OF BIRTH RECORD FILES

The state began recording birth records on January 1, 1916.

The Division of Vital Records offers you a choice between two types of certified copies of birth records. For \$15.00, you can receive a certified copy (photocopy of original) or for \$10.00 you can receive a certified computer generated abstract of the original record. The \$10.00 version comes in two sizes and does not list parents names. One is approximately 6X8 1/2" and the other is wallet size.

All versions are certified by the state of Illinois and are acceptable for all legal purposes.

Additional copies of the same record requested at the same time are \$2.00 each.

**SUBMIT A COPY OF YOUR
CURRENT PHOTO ID**

Please indicate below the type and number of copies requested and return this form with the proper fee.

CERTIFIED COPY \$15.00 Each Amount enclosed \$ _____ for _____ copies	CERTIFICATION \$10.00 Each Amount enclosed \$ _____ for _____ copies	BIRTH CARD (wallet size) \$10.00 Each Amount enclosed \$ _____ for _____ copies
---	--	---

(DO NOT SEND CASH) Make check or money order payable to ILLINOIS DEPARTMENT OF PUBLIC HEALTH

FULL NAME	First	Middle	Last		
PLACE OF BIRTH	Hospital	City or Town	County	State	
DATE OF BIRTH	Month	Day	Year	SEX	BIRTH NUMBER IF KNOWN
FATHER	First	Middle	Last		
MOTHER	First	Middle	Maiden Name	Married Name	

APPLICATION MADE BY

MAIL COPY TO (if other than applicant)

NAME (written signature)

NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

YOUR RELATIONSHIP TO PERSON

INTENDED USE OF DOCUMENT

NOTE: Birth certificates are confidential records and copies can be issued only to persons entitled to receive them. The application must indicate the requester's relationship to the person and the intended use of the document. (SEE OTHER SIDE)

MAIL TO Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St.,
Springfield, IL 62702-5097, 217-782-6553



ELIGIBILITY FOR BIRTH RECORD

Before request for a certification or certified copy can be considered, you must specify your eligibility to obtain it. Illinois law states that certifications or certified copies of birth records may be issued only as listed below:

Upon the specific written request for a certification or certified copy by the person, if of legal age (18 or older), or by a parent or other legal representative of the person to whom the record of birth relates; or

Upon the specific written request for a certification or certified copy by a department of the state, a municipal corporation, or the federal government; or

Upon the order of a court of record.

If you are eligible, please indicate on the application your relationship to the person registered and the intended use of the copy. Return the application to the Illinois Department of Public Health with the proper fee or receipt showing you have already paid the fee.

SEND TO

Illinois Department of Public Health
Division of Vital Records
605 W. Jefferson St.
Springfield, IL 62702-5097

NOTE: Any person who, willfully and knowingly uses or attempts to use, or furnishes to another for use, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended, or mutilated; or

Any person who with the intention to deceive, willfully uses or attempts to use any certificate of birth or certified copy of a record of birth knowing that such certificate or certified copy was issued upon a record that is false in whole or in part or that relates to the birth of another person, is guilty of a Class 4 felony in the state of Illinois.

APPLICATION FOR CERTIFIED COPY OF KANSAS BIRTH CERTIFICATE

BIRTH CERTIFICATES ARE ON FILE FROM JULY 1, 1911 TO PRESENT

(PLEASE PRINT)

\$12.00 FOR ONE CERTIFIED COPY OR WALLET SIZE AND \$7.00 FOR EACH ADDITIONAL CERTIFIED COPY OR CARD OF THE SAME RECORD

NUMBER OF CERTIFICATES REQUESTED

FEE INFORMATION ON REVERSE SIDE

_____ CERTIFIED COPIES

_____ WALLET-SIZE
(SEE REVERSE SIDE)

_____ TOTAL FEE

NAME ON CERTIFICATE _____
FIRST MIDDLE LAST

DATE OF BIRTH _____ - _____ - _____ PRESENT AGE OF THIS PERSON _____ RACE _____
MONTH DAY YEAR

DATE OF DEATH, IF APPLICABLE _____ SEX: M ☐ F ☐

PLACE OF BIRTH _____
CITY COUNTY STATE (MUST BE KANSAS) HOSPITAL

MOTHER'S NAME _____ BIRTHPLACE _____
FIRST MIDDLE MAIDEN

FATHER'S NAME _____ BIRTHPLACE _____
FIRST MIDDLE LAST

COMPLETE ONLY IF PERSON NAMED ON CERTIFICATE HAS BEEN ADOPTED (SEE REVERSE SIDE)

ADOPTED? YES ☐ NO ☐

Is request for record before adoption? YES ☐ NO ☐

ORIGINAL NAME, IF KNOWN _____

YOU MUST INCLUDE A COPY OF PHOTO ID WITH THIS FORM OR TWO ALTERNATIVE DOCUMENTS (SEE REVERSE SIDE FOR LIST)

YOUR NAME (PLEASE PRINT) _____

YOUR MAILING ADDRESS _____

_____ CITY STATE ZIP CODE

REASON FOR REQUEST (PLEASE BE SPECIFIC) _____

(We ask this so that we can provide appropriate service for your needs)

YOUR DAYTIME TELEPHONE NUMBER _____

YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (REQUIRED) _____

(SEE REVERSE SIDE FOR ELIGIBILITY REQUIREMENTS)

YOUR SIGNATURE (REQUIRED) _____ TODAY'S DATE _____

MAILING ADDRESS:

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
CENTER FOR HEALTH AND ENVIRONMENTAL STATISTICS

OFFICE OF VITAL STATISTICS

1000 SW JACKSON, SUITE 120

TOPEKA, KS 66612-2221

WALK-IN CUSTOMER SERVICE HOURS: 9:00 - 4:00, MONDAY - FRIDAY

OFFICE HOURS: 8:00 - 5:00, MONDAY - FRIDAY, PHONE (785) 296-1400

PLEASE ENCLOSE A BUSINESS SIZE SELF-ADDRESSED STAMPED ENVELOPE.

IDENTIFICATION

ID IS REQUIRED OF PERSON COMPLETING FORM

Due to identity theft and other fraudulent use of vital records, acceptable ID is limited.
DO NOT send original ID with application

**YOU MUST PROVIDE A PHOTOCOPY OF A GOVERNMENT (STATE OR FEDERAL) ISSUED PHOTO ID.
THIS CAN BE ISSUED BY THE U.S. OR OTHER COUNTRY OF RESIDENCE.**

ACCEPTABLE IDENTIFICATIONS INCLUDES:

Photocopy of Driver's License

Photocopy of Passport or Visa

Photocopy of State ID Card

Photocopy of Military ID

IF YOU DO NOT HAVE A GOVERNMENT ISSUED PHOTO ID, YOU MUST SEND PHOTOCOPIES OF ANY TWO OF THE FOLLOWING:

Social Security Number

Utility Bill With Current Address

Bank Statement With Current Address

Pay Stub (must include your name, social security number plus name and address of business)

Car Registration or Title With Current Address

FEE INFORMATION

K.A.R. 28-17-6 requires the following fee(s).

The correct fee must be submitted with the request. The fee for certified copies of birth certificates is \$12.00 for one certified copy or wallet size (see information on cards below) and \$7.00 for each additional certified copy or card of the same record ordered at the same time. This fee allows a 5-year search of the records, including the year indicated plus two years before and two years after, or you may indicate the consecutive 5-year period you want searched. You may specify more than one 5-year span, but each search cost \$12.00

IF THE CERTIFICATE IS NOT LOCATED, A \$12.00 FEE MUST BE RETAINED FOR THE RECORD SEARCH.

Make checks or money orders payable to **KANSAS VITAL STATISTICS**. For your protection, **do not send cash**

Fees expire 12 months from the date of the request.

MULTIPLE REQUESTS FOR DIFFERENT RECORDS MAY BE HANDLED AND MAILED SEPARATELY.

WALLET SIZE CARDS

Wallet size cards may not be acceptable identification for passports, travel, social security, school enrollment or driver's license.

NOTE: The wallet size card does not contain parental information or an embossed seal (contains ink seal only).

ELIGIBILITY

By state law, vital records filed with this office are not open for public inspection and the requestor must meet eligibility requirements -- must be named on the record, an immediate family member, or someone who can provide legal proof the record is necessary for the determination of personal or property rights. [K.S.A. 65-2422d]

If legal guardianship has been established through the courts, please provide copy of guardianship papers.

ADOPTION

When an adoption has occurred, the biological family may not have a legal right to the adoptee's record nor may the adoptee have a legal right to the biological family's records.

WEBSITE

For additional information, please access the web site at: <http://www.kdhe.state.ks.us/vital>

WARNING: COPYING OR ALTERING PROHIBITED

Except as authorized by the Uniform Vital Statistics Act, no person shall prepare or issue any certificate (vital record) which purports to be an original, certified copy or copy of a certificate [K.S.A. 65-2422d.(g)]. Any person who willfully makes or alters any certificate or certified copy, except as authorized by the Uniform Vital Statistics Act, shall be fined or imprisoned, or both. [K.S.A. 65-2434.(1)].

To Request a Search for an Iowa Birth, Death or Marriage Record for the Purpose of Obtaining a Certified Copy

In Iowa, official registration of births, deaths, and marriages began July 1, 1880. Original records that were registered are on file with the Iowa Department of Public Health, Bureau of Health Statistics. Statewide record searches are available from the state registrar. Local vital records registrars are located in county recorders' offices, where records of births and deaths that have occurred in that county are maintained. Marriage records are maintained in the county where the license to marry was obtained. *County registrars are not authorized by law to have records of single-parent births prior to July 1, 1995; adoptions; delayed registrations; legal changes of name; fetal deaths (stillborns); any record ordered sealed by a court of law; or birth, death, and marriages between the years 1921 to 1941.* Per Iowa law, information about a specific record is not available over the telephone or by prepared lists. Iowa law provides for public viewing in the county where the record is maintained, or certified copies issued to entitled persons.

Applications to search for a vital record event for the purpose of obtaining a certified copy must be in writing, completely identify the record, and establish entitlement to the record being requested. Entitled persons include the person named on the record or that person's spouse, children, legal parents, grandparents, grandchildren, siblings, or legal representative or guardian. Legal guardians and representatives must also provide additional proof of guardianship or representation. Applicants must be 18 or older. Requests must include the applicant's current government-issued photo identification, except if by mail, a clear photocopy of the I.D., and the applicant's signature signed in front of a notary public or in the presence of an Iowa Registrar of Vital Records.

PAYMENT: A non-refundable \$15 fee is required to search for a record and includes one certified copy if the record is located. Each additional copy of the same record is \$15. Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Checks must be drawn from the applicants' account; money orders must be in the name of the applicant. Fees must be paid at the time of the application (Iowa Constitution, Article VII, Section 1).

STATE CERTIFIED COPIES.

Certified copies of birth, death, or marriage certificates may be obtained from the state Bureau of Health Statistics by telephone, in-person, or through a postal service. Fees are payable in U.S. funds by check or money order to the Iowa Department of Public Health. In-person requests may also be paid in cash. Genealogy requests take at least 60 days.

Telephone: For general information, or to order a certified copy by telephone using a credit card, call 515-281-4944 from 7:00 a.m. to 4:45 p.m., Monday through Friday, except for state-observed holidays. An additional \$5.50 fee is charged for the expedited process of credit card usage. Turnaround time is usually 10 to 14 days, depending on seasonal demands and mail service. *Genealogy requests are not available through the credit card line.*

In-person: Applications may be made in-person at the state Bureau of Health Statistics 7:00 a.m. to 5:00 p.m., Monday through Friday, except for state-observed holidays, at the address below, just inside the north lobby entrance and to the right. The Lucas building is just east of the state Capitol and south of Grand Avenue. Applicants must provide current government-issued photo identification and sign their request in the presence of registrar staff. Copies may either be picked up after two working days or mailed to an entitled person. Genealogy requests take at least 60 days.

Postal service: Written requests and fees are mailed to the address below. Requests must state the relationship to the person named on the record and the purpose for the copy. Filled requests take 30-45 days, depending on seasonal demands and mail service. Genealogy requests take least 60 days. The request must be signed in front of a notary public and include a clear photocopy of the applicant's current government-issued photo identification.

Iowa Department of Public Health
Bureau of Health Statistics
Lucas State Office Building, 1st Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075

SEE OTHER SIDE FOR AN APPLICATION FORM.
FORM MAY BE USED FOR EITHER A COUNTY-CERTIFIED OR A STATE-CERTIFIED COPY OF AN IOWA VITAL RECORD

APPLICATION FOR A SEARCH FOR AN IOWA VITAL RECORD

REQUESTS REQUIRE THE APPLICANT'S CURRENT GOVERNMENT-ISSUED PHOTO IDENTIFICATION AND SIGNATURE SIGNED IN FRONT OF A NOTARY PUBLIC OR IN THE PRESENCE OF AN IOWA REGISTRAR OF VITAL RECORDS.

- This application is for a **SEARCH** for an Iowa birth, death or marriage record. Fees are due upon application.
- If requesting a certified copy of a birth record, complete all items except 2(A).
- If requesting a certified copy of a death record, complete all items except 2(A) and 7.
- If requesting a certified copy of a marriage record, complete all items, including 2(A).
- If requesting by mail, the I.D. must be a clear photocopy and the signature notarized.

1. TYPE OF RECORD REQUESTING (Check one) ☒ BIRTH ☐ DEATH ☐ MARRIAGE

2. PERSON'S NAME AS IT APPEARS ON THE RECORD _____
FIRST MIDDLE, if any SURNAME (Last)

2a. If for Marriage record, SPOUSE'S NAME _____
FIRST MIDDLE, if any SURNAME (Last)

3. DATE OF EVENT (Birth, Death, or Marriage) – BE SPECIFIC – Month/Day/Year _____

4. PLACE OF EVENT (City and/or County) _____

5. MOTHER'S FULL MAIDEN NAME – FIRST/MIDDLE, if any/MAIDEN SURNAME (Last) _____

6. FATHER'S FULL NAME – FIRST/MIDDLE, if any/SURNAME (Last) _____

7. (Birth Only) WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH? ☐ Yes ☐ No ☐ Unknown

8. LEGAL ACTIONS TO RECORD ☐ None ☐ Adoption ☐ Paternity Establishment ☐ Legal Change of Name on Birth Certificate

8a. IF A LEGAL ACTION OCCURRED, LIST PREVIOUS NAME (on birth certificate) _____
Marriage does NOT change the birth certificate.

9. PURPOSE FOR COPY _____ 10. BIRTHDATE of APPLICANT/RECIPIENT _____

11. RELATIONSHIP OF PERSON RECEIVING THIS COPY TO PERSON NAMED ON THE RECORD _____

12. NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY: (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)

12a. Name of Applicant/Recipient _____

12b. Street address and P.O. Box (if any) _____

12c. City, State and Zip Code _____

13. THE SEARCH RESULT IS TO BE (Check one) ☐ Mailed ☐ Picked up (for in-person requests only)

14. THE NON-REFUNDABLE FEE TO SEARCH IS \$15.00 and one certified copy is issued if the record is located. Each additional copy of the same record is \$15.00. Indicate the number of copies of this record you need. _____

15. THIS SEARCH PAID BY (Check one) ☐ Check ☐ Money Order ☐ Cash (in-person only) 16. AMOUNT ENCLOSED _____

Checks must be drawn from the applicants' account; money orders must be in the name of the applicant. Fee payment must accompany this form.

17. APPLICANT'S NAME (Print clearly) _____ 18. DAYTIME PHONE # _____
(include area code)

I certify that the information provided on this application is accurate and complete to the best of my knowledge and that I have legal entitlement to a certified copy of this record. I have signed below in front of a notary public or an Iowa registrar of vital records.

19. APPLICANT'S SIGNATURE _____ 20. DATE _____

Signature must be notarized if applying by mail

State of _____ County of _____ ss

Signed and affirmed in my presence on this _____ day of _____,

_____, My commission expires: _____

Notary Public Signature

(SEAL)

Administrative
Use Only

I.D. _____

Initials _____

SEE OTHER SIDE FOR INSTRUCTIONS

Date _____

ARKANSAS DEPARTMENT OF HEALTH
Vital Records
4815 West Markham Street, Slot 44
Little Rock, AR 72205-3867

BIRTH CERTIFICATE APPLICATION

Only Arkansas births are recorded in this office. There are only a limited number of birth records filed in this office prior to February 1, 1914. The fee is \$12.00 for the first copy ordered and \$10.00 for each additional copy of the same record. The fee must accompany the application. Send check or money order payable to the Arkansas Department of Health. **DO NOT SEND CASH.** Of the total fee you send \$12.00 will be kept to cover search charges if no record of the birth is found. Only the names and dates listed will be searched for the \$12.00 fee. Names and other dates submitted later will require an additional \$12.00 non-refundable fee. Mail this application and the money to the address above. Please allow 4-6 weeks for processing the request.

List Below All Possible Birth dates and Names Under Which the Certificate May Be Registered (Type or Print)

1. Full Name at Birth	First Name	Middle Name	Last Name		
2. Date of Birth	Month	Day	Year	Sex	Race
3. Place of Birth	City or Town	County	State	Order Of This Birth (1st, 2nd, 3rd, etc.)	
	Name of Hospital or Street Address			Name of Attendant at Birth	
4. Full Name of Father	First Name	Middle Name	Last Name		
5. Full Maiden Name of Mother (Name Before Marriage)	First Name	Middle Name	Last Name		

If this child has been adopted, please give original name if known.

If you have received a copy before, please give certificate number. _____

If this is a delayed certificate, when was it filed? _____

What is your relationship to the person whose certificate is being requested? _____

What is your reason for requesting this certificate? _____

Is the person whose certificate is being requested still living? ☐ Yes ☐ No

Signature and telephone number of person requesting this certificate. _____

DO NOT WRITE IN THIS SPACE

Name of Searcher	
Index	
Delayed	Prior
Volume Number	
Page Number	Year

Certificates may also be ordered by the following methods:

Internet: www.vitalchek.com Certificates may be ordered on the Internet using a credit card (Visa, Master Card, Discover or American Express). The fee for using a credit card is in addition to the fee for each certified copy requested. Certificates requested via Internet may be returned by overnight courier for the cost of the additional shipment fee.

OR

Telephone: (866) 209-9482 Orders may be placed by telephone using a credit card (Visa, Master Card, Discover, or American Express). The fee for using a credit card is in addition to the fee for each certified copy requested. Birth records requested by telephone may be returned by overnight courier for the cost of the additional shipment fee. Family history or genealogy cannot be processed by telephone. Please process by mail or the Internet.

OR

Walk-in: You may order a certified copy of the birth record by coming into this office. Orders are accepted for same day issuance from 8:00 A.M. until 3:00 P.M. Monday through Friday. The office is located at the address above.

Please PRINT below the name and address of the person who is to receive the copy(ies) or cards

COPY (IES) ☐

CARD (S) ☐

HOW MANY

1st copy or card costs \$12.00
Each additional copy or card costs \$10.00

AMOUNT OF MONEY ENCLOSED \$ _____

If a legal Certification of Birth cannot be issued, a copy of the original record will be substituted. If you need a copy of the original certificate, please check here. ☐ How many? _____

Any person who willfully and knowingly makes any false statement in an application for a certified copy of a vital record filed in this state is subject to a fine of not more than ten thousand dollars (\$10,000) or imprisoned not more than five (5) years, or both (Arkansas Statutes 20-18-105).

MISSISSIPPI VITAL RECORDS

P.O. Box 1700

Jackson, MS 39215-1700

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

INFORMATION

- Only births recorded after November 1, 1912, are on file.
- Two types of certified birth certificates are available. The certified ABSTRACT (Short Form) may be obtained for \$7.00 and each additional copy ordered at the same time is \$3.00. This certified certificate shows child's name, date and county of birth, state file number, filing and issue dates, and is sufficient for proof of birth but will not satisfy claims requiring proof of dependency e.g. IRS, Social Security, Welfare. The certified COPY of the birth certificate (Long Form) is available for \$12.00 for the first copy and \$3.00 for each additional copy ordered at the same time. This type certified certificate will satisfy claims requiring proof of dependency and situations where for family, historical or legal reasons additional information is required.
- A five year search of records on file will be made. If no record is found a certification of NOT-ON-FILE will be issued and a search fee of \$7.00 will be retained.

Note: As required by Section 41-57-11 of the Mississippi Code of 1972, annotated, \$1.00 for each requested copy is deposited to the Children's Trust Fund administered by the Department of Human Services to fund programs to prevent child abuse and neglect.

INSTRUCTIONS

- Complete ALL the information sections of the form. PLEASE PRINT.
- The application must be signed.
- PAYMENT:

Out-of-state: Remit a bank or postal money order or a bank cashier's check in the correct amount made payable to Mississippi State Department of Health.

Mississippi Resident: In addition to the above methods of payment, personal checks are acceptable if drawn on a Mississippi bank; make payable to Mississippi State Department of Health.

We accept no responsibility for cash sent through the mail.

Request for adjustments or refunds will be honored only if received within six months of application.

- Send completed application, appropriate fee and self-addressed stamped legal size envelope to the address at the top of this form.

BASIC INFORMATION: DOUBLE CHECK SPELLING AND DATE

DO NOT WRITE
IN THIS SPACE

1. FULL NAME AT BIRTH	FIRST NAME	MIDDLE NAME	LAST NAME	STATE FILING NUMBER
2. DATE OF BIRTH	MONTH	DAY	YEAR	
3. PLACE OF BIRTH	COUNTY	CITY OR TOWN	STATE	FILING DATE
4. Has name ever been changed other than by marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what was original name?		

ADDITIONAL INFORMATION REQUIRED

5. SEX	6. RACE	12 - 36
7. FULL NAME OF FATHER	FIRST NAME	MIDDLE NAME
8. FULL MAIDEN NAME OF MOTHER	FIRST NAME	MIDDLE NAME
	LAST NAME	LAST NAME

ABOUT THE APPLICANT

9. FEE	S.C.
I AM ENCLOSING A FEE OF \$ _____ FOR _____ SHORT FORMS.	S.C.
I AM ENCLOSING A FEE OF \$ _____ FOR _____ LONG FORMS.	C.D.
10. RELATIONSHIP OF APPLICANT TO PERSON NAMED IN ITEM 1.	SUP.
11. PURPOSE FOR WHICH THIS COPY IS REQUESTED	P.
Pursuant to Section 41-57-2 of the Mississippi Code of 1972, Annotated, and as defined by Mississippi State Board of Health Rules and Regulations, I hereby certify that I have a legitimate and tangible interest in the birth record requested. I understand that obtaining a record under false pretenses may subject me to the penalty as described in Section 41-57-27 of the Mississippi Code of 1972, Annotated.	CWA.

12. SIGNATURE OF APPLICANT	DATE SIGNED
----------------------------	-------------

PRINT YOUR MAILING ADDRESS HERE

13.	Name
14.	APT. NO. Street or Route
15.	City or Town State, ZIP code



Permanent Disabled Absentee Voting

Missouri law provides that voters who are permanently disabled may vote by absentee ballot. To take advantage of this process, permanently disabled voters should contact their local election authority. A sample of the declaration a voter would need to submit is found below.

Sample

Permanently Disabled Declaration

I (name), declare that I am a resident and registered voter of (election jurisdiction), State of Missouri, and am permanently disabled. I hereby request that my name be placed on the Election authority's list of voters qualified to participate as absentee voters, pursuant to section 115.284, and that I be delivered an absentee ballot application of each Election in which I am eligible to vote.

Signature of Voter

Date of Birth

Address of Voter